

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	M G		5/10/00
O.I.P.E. CLASSIFIER		19	6-26-00
FORMALITY REVIEW	RE	2C 816	08-07-00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)..... Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Final	Original	Date
1	✓	✓	5/10/00
2	✓	✓	5/10/00
3	✓	✓	5/10/00
4	✓	✓	5/10/00
5	✓	✓	5/10/00
6	✓	✓	5/10/00
7	✓	✓	5/10/00
8	✓	✓	5/10/00
9	✓	✓	5/10/00
10	✓	✓	5/10/00
11	✓	✓	5/10/00
12	✓	✓	5/10/00
13	✓	✓	5/10/00
14	✓	✓	5/10/00
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46	✓	✓	5/10/00
47	✓	✓	5/10/00
48	✓	✓	5/10/00
49	✓	✓	5/10/00
50	✓	✓	5/10/00

Claim	Final	Original	Date
51	✓	✓	5/10/00
52	✓	✓	5/10/00
53	✓	✓	5/10/00
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81	✓	✓	5/10/00
82	✓	✓	5/10/00
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99	✓	✓	5/10/00
100	✓	✓	5/10/00

Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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